

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
CREDENTIALING DIVISION

Expiration Date: 3/31/2006

Check one:

- ☐ Initial License  
☐ Change of Location  
☐ Change of Ownership

**Nursing Home Licensure Renewal Application**

Nursing Home Type: Please Check.

☐ Skilled Nursing Facility

☐ Nursing Facility

☐ Intermediate Care Facility

**IDENTIFYING INFORMATION**

1. NAME AND ADDRESS OF FACILITY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PREFERRED MAILING ADDRESS (IF  
DIFFERENT FROM FACILITY ADDRESS)  
FOR THE RECEIPT OF OFFICIAL NOTICES  
FROM THE DEPARTMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_

DIRECTOR OF NURSING: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_

4. NUMBER OF BEDS TO BE RELICENSED: \_\_\_\_\_

5. ACCREDITATION/CERTIFICATION: ☐ JCAHO ☐ Medicare ☐ Medicaid ☐ Other \_\_\_\_\_

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS: Please Check.

☐ Physical Therapy

☐ Alzheimers/Special Care Unit

☐ Other Behavioral Needs

☐ Pediatric

☐ Respiratory

☐ Other-please specify \_\_\_\_\_

**OWNERSHIP INFORMATION**

7. OWNERSHIP OF FACILITY: \_\_\_\_\_  
(LEGAL NAME OF CORPORATION, PARTNERSHIP, ETC.)

MAILING ADDRESS OF OWNERSHIP: \_\_\_\_\_

8. BUSINESS ORGANIZATION: (Check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Governmental ( ☐ State, ☐ District, ☐ County, ☐ City or Municipal )

☐ Other (Please Specify) \_\_\_\_\_

**CERTIFICATION**

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: In Neb.Rev.Stat. Section 71-433 "Applications shall be signed by (1) the owner, if the applicant is an individual or partnership, (2) two of its members, if the applicant is a limited liability company, (3) two of its officers, if the applicant is a corporation, or (4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit."

Sign Here \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

Sign Here \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE